

Epidemiology and Prevention of Vaccine-Preventable Diseases

Course Number VC0032

Measles, Rubella, and Varicella

Evaluation Questionnaire and Exam

Course Goal:

To improve immunization practices in the United States.

Course Objectives:

After participating in this self study activity, participants will be able to:

For measles, rubella, and varicella:

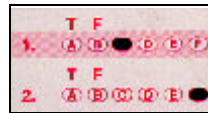
- Describe the disease and the causative agent.
- List the groups at highest risk.
- Identify those for whom routine immunization is recommended.
- State the characteristics, schedule, contraindications, and adverse reactions for the vaccine used to prevent the disease.

Tell us about yourself...

Please note: Question 2 is a continuation of question 1. Please carefully read the questions. Your credit will be awarded based on the type of credit you select. Please answer each question but choose only **ONE** type of credit. Your answer to one of the questions will be

F. None of the above.

Example: If you wish to receive **CNE**, your answer sheet will look like this **L**



1. What type of continuing education credit do you wish to receive?

****Nurses should request CNE not CEU.**

Please see note at end of document.

- A. CME for physicians
- B. CME for non-physicians
- C. CNE (Continuing Nursing Education)
- D. CEU (Continuing Education Units)
- E. ACPE (Continuing Pharmacy Education)
- (Do not select E; not available for this course)**
- F. None of the above

2. What type of continuing education credit do you wish to receive?

- A. CHES *(Do not select A: not available for this course)*
- B. *(Do not select B; not a valid selection)*
- C. *(Do not select C; not a valid selection)*
- D. *(Do not select D; not a valid selection)*
- E. Not participating in this course for credit
- F. None of the above

3. Are you a...

- A. Nurse
- B. Pharmacist
- C. Physician
- D. Veterinarian
- E. None of the above

4. What is your highest level of education?

- A. High School
- B. Associate
- C. Bachelors
- D. Masters
- E. Doctorate
- F. Other

5. Do you administer vaccines to children and/or adults?

- A. Yes, children only
- B. Yes, adults only
- C. Yes, both children and adults
- D. No, I don't administer vaccines

Continued on next page...



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Please note: Question 7 is a continuation of question 6. Please answer each question, but choose only ONE occupation. Your answer to one of these questions will be

F. None of the above

Example: If you are an Epidemiologist, your answer sheet will look like this **L**

6. Which of the following best describes your current occupation?

- A. Environmental Health Professional
- B. Epidemiologist
- C. Health Educator
- D. Laboratorian
- E. Physician Assistant
- F. None of the above

7. Which of the following best describes your current occupation?

- A. Administrator
- B. Nurse Practitioner
- C. Infection control practitioner
- D. Other office or clinic patient care provider
- E. Student
- F. None of the above

8. Which of the following best describes your current work setting?

- A. Academic (public and private)
- B. Private health care organization
- C. Public health organization
- D. Environmental health organization
- E. Non-profit organization
- F. Other work setting

9. Which of the following best describes the organization in which you work?

- A. Federal government
- B. State government
- C. County government
- D. Local government
- E. Non-governmental agency
- F. Other type of organization

Tell us about the course...

10. How did you obtain this course?

- A. Purchased
- B. Downloaded or printed from website
- C. Shared materials with colleague(s)
- D. Obtained by mail from PHTN
- E. Not applicable

11. How did you first learn about this course

- A. State publication (or other state-sponsored communication)
- B. MMWR
- C. CDC Internet site or homepage
- D. PHTN source (PHTN website, email announcement)
- E. Colleague
- F. Other

12. What was the most important factor in your decision to obtain this course?

- A. Content
- B. Continuing education credit
- C. Supervisor recommended
- D. Previous participation in CDC/PHTN training(s)
- E. Ability to take the course at my convenience
- F. Other

13. How much time did you spend viewing the videotapes, and completing the evaluation and exam?

- A. Less than 2 hours
- B. 2 to 3 hours
- C. More than 3 hours but less than 4 hours
- D. More than 4 hours

14. How did you view this course?

- A. Videotape
- B. Video streamed through the Internet

15. Please rate your level of knowledge prior to completing this course.

- A. Great deal of knowledge about the content
- B. Fair amount of knowledge about the content
- C. Limited knowledge about the content
- D. No prior knowledge about the content
- E. No opinion

Continued on next page...

16. Please estimate your knowledge gain due to completing this course.

- A. Gained a great deal of knowledge about the content
- B. Gained a fair amount of knowledge about the content
- C. Gained a limited amount of knowledge about the content
- D. Did not gain any knowledge about the content
- E. No opinion

Please use the scale below to rate your level of agreement with the following statements about this course.

- A. Agree
- B. No opinion
- C. Disagree
- D. Not applicable

17. The PHTN promotional material for the course adequately described the course and its content.

18. The objectives are relevant to the goal.

19. The content in this course was appropriate for my training needs.

20. Participation in this course enhanced my professional effectiveness

21. I will recommend this course to my colleagues.

22. Overall, this course enhanced my ability to understand the content.

23. The graphics, illustrations, and animations are effective learning resources.

24. Ordering course materials through the Public Health Foundation was user-friendly.

25. Ordering registration materials through the 1-800-41-TRAIN phone number was user-friendly.

26. Ordering registration materials through the PHTN website was user-friendly.

I am confident that for measles, rubella, and varicella I can:

27. Describe the disease and the causative agent.

28. List the groups at highest risk.

29. Identify those for whom routine immunization is recommended.

30. State the characteristics, schedule, contraindications, and adverse reactions for the vaccine used to prevent the disease.

31. Dr. Atkinson demonstrated expertise in the subject matter.

32. Dr. Humiston demonstrated expertise in the subject matter.

Exam Questions

Questions 33 -37 are the exam questions. If you wish to receive continuing education credit for this program you **MUST** complete this exam. There is only one correct answer for each question.

33. What is the most frequent adverse reaction following MMR vaccine?

- A. Fever
- B. Pain, redness, or swelling at the injection site
- C. A generalized macular rash
- D. An illness identical to measles disease
- E. Headache

34. Which of the following best describes rubella vaccine?

- A. Live attenuated bacterial vaccine
- B. Inactivated whole virus vaccine
- C. Subunit vaccine
- D. Live attenuated virus vaccine
- E. Toxoid vaccine

35. Varicella is recommended for all susceptible persons with human immunodeficiency virus (HIV) infection.

- A. True
- B. False

36. What is the minimum acceptable interval between the first and second doses of MMR vaccine?

- A. 1 week
- B. 4 weeks
- C. 6 weeks
- D. 6 months
- E. 3 years

37. Which of the following persons should receive two doses of varicella vaccine?

- A. A healthy 2 year-old
- B. A 30 year old librarian who claims to have had chickenpox as a child but does not have physician documentation of the disease
- C. A healthy 16 year-old who has never had chickenpox
- D. A 10 year old whose younger brother is infected with human immunodeficiency virus (HIV)
- E. All the above persons should receive two doses of varicella vaccine.

Thank you for participating in this course.

We welcome your questions and comments. Contact the National Immunization Program by Email at nipinfo@cdc.gov. Be sure to check for updates of this self study on our website at <http://www.cdc.gov/nip/ed/latebreak.htm>

Visit the Public Health Training Network at <http://www.cdc.gov/phtn> for other resources

Note to nurses:

CDC is accredited by the American Nurses Credentialing Center's Commission (ANCC) on Accreditation. ANCC credit is accepted by most State Boards of Nursing

Answers to exam questions: 33. A; 34. D; 35. B; 36. B; 37. C.